



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

26A
9-28

Write Application of:
C. Gresham Bayne, M.D.

Serial No.: 09/611,355

Filed: 7-6-2000

For: METHOD FOR CLINICIAN HOUSE
CALLS UTILIZING PORTABLE COMPUT-
ING AND COMMUNICATIONS
EQUIPMENT

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Examiner: unknown

Atty. Docket No.: CDOC-002

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Please amend the above-identified application as follows:

IN THE CLAIMS

Please add new claims 31-68 as follows:

31. (New) A method of providing medical care comprising:
- 2 receiving patient medical information via an Internet web site;
 - 3 executing a computer program to review said medical information to determine a response
 - 4 personnel description;
 - 5 accessing a computer data base to select appropriate personnel according to said
 - 6 response personnel description; and
 - 7 sending wireless dispatch information to said appropriate personnel.

07/28/2000 HNDOR1 00000069 09611355

01 FC:203 342.00 OP
02 FC:202 78.00 OP

0500
"PATENT" #ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231Docket No. CDOC-002**TRANSMITTAL COVER SHEET**

In the Application of: C. Gresham Bayne

Serial No.: 09/611,355 Filed: 7-6-2000Title: **METHOD FOR CLINICIAN HOUSE CALLS UTILIZING PORTABLE COMPUTING AND COMMUNICATIONS EQUIPMENT**

The following items are enclosed for filing in the above-named application:

- ☐ sheets of formal drawings
- ☒ Amendment
- Amendment After Final Rejection
- Terminal Disclaimer
- Response to Restriction Requirement
- Letter to Drawing Review Branch
- Certificate of Correction
- ☒ Credit Card Payment Form.
- Other (specify): _____

Information Disclosure Statement
Declaration and Power of Attorney (copy)
Assignment of the Invention (\$40)
Notice to File Missing Parts (\$130)
Petition for Extension of Time (\$400)
Issue Fee (\$1,320)
Notice of Appeal (\$310)
Appeal Brief (\$310)

- ☒ FEES (IF ANY) ARE REQUIRED AS SHOWN BELOW:

SMALL ENTITY	Claims Remaining After Amendment	Highest No. Previously Paid for	Extra	Rate	Additional Fee
SUBTOTAL FROM ABOVE					\$
TOTAL CLAIMS	68	- 30 =	38	× 9 =	\$342.00
INDEPENDENT CLAIMS	5	- 3 =	2	× 39 =	\$78.00
MULTIPLE DEP. CLAIM PRESENTED	0	- 0 =	0	+135 =	\$0.00
				TOTAL	\$ 420.00

- ☒ Please charge the amount of \$420 to my credit card shown on the enclosed Credit Card Payment Form.
- ☒ The Commissioner is hereby authorized to charge payment for any additional filing fees required under 37 CFR 1.16 or any patent application processing fees under 37 CFR 1.17 in association with this communication or credit any overpayment to Deposit Account No. 50-0569.

CERTIFICATE OF MAILING

I hereby certify that the above paper(s)/fee(s) is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231

Date of Deposit: 7/26/00

Person mailing paper/fee:

Signature: Rebecca Sim**RESPECTFULLY SUBMITTED,**

Dan Hubert (#33,906)

USPTO Customer Number: 23 686

Attorney for CALL DOCTOR MEDICAL GROUP